

DELINEATION OF CLINICAL PRIVILEGES - DIETETICS
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform 2 - Modification requested (Justification attached) 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support	1 - Approved as fully competent 2 - Modification required (Justification noted) 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Routine nutritional assessments and nutritional care procedures expected of registered hospital dietitians.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			(g) 24-hour Urine Urea Nitrogen
		a. Evaluation			(h) Thyroid Function Test
		(1) Classify clinical nutrition category			
		(2) Recommend referral to community support programs			
		(3) Evaluate diet orders for appropriateness			(7) Blood glucose monitoring using glucometer
		(4) Classify stages of change			(8) Vitamin/mineral supplements
					(9) Referrals to other HCPs
					(10) P&T committee approved pharmaceuticals
		b. Procedures			
		(1) Perform anthropometric measurements			
		(2) Measure body composition			
		(3) Conduct blood glucose monitoring using glucometer			d. Medical Nutrition Therapy
					(1) General diets for the life cycle
					(2) Modified consistency diets
					(3) Neonatal nutrition
		c. Order			(4) Pediatric diets
		(1) Diet as per verbal order of physician			(5) Geriatric diets
		(2) Calorie level within diet prescription			(6) Cardiovascular diets
		(3) Additional high calorie/protein supplements/snacks			(7) Gastrointestinal diets
		(4) Weight/height			(8) Renal diets
		(5) Calorie counts			(9) Hepatic diets
		(6) Laboratory studies to evaluate response to nutritional therapy:			(10) Calorie-controlled diets
		(a) Albumin			(11) Diabetic diets
		(b) Prealbumin			(12) Psychiatric diets
		(c) Blood glucose			(13) Test diets
		(d) HgA1c			(14) Nutrition support
		(e) Lipid Profile			
		(f) Triglycerides			

Category II. Includes Category I.

Special Privileges. Requires advanced skills as demonstrated through additional education, training and practical expertise.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			(3) Transitional feedings
		a. Order (with physician co-signature)			b. Teach patients blood glucose monitoring
		(1) Tube feedings IAW local policy			c. Conduct indirect calorimetry
		(2) Parenteral formulas IAW local policy			

COMMENTS

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATIONApproval as requested ☐Approval with Modifications (Specify below) ☐Disapproval (Specify below) ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)

SIGNATURE

DATE (YYYYMMDD)

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATIONApproval as requested ☐Approval with Modifications (Specify below) ☐Disapproval (Specify below) ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)

SIGNATURE

DATE (YYYYMMDD)

EVALUATION OF CLINICAL PRIVILEGES - DIETETICS
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD) FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	a. Evaluation			
	(1) Classify clinical nutrition category			
	(2) Recommend referral to community support programs			
	(3) Evaluate diet orders for appropriateness			
	(4) Classify stages of change			
	b. Procedures			
	(1) Perform anthropometric measurements			
	(2) Measure body composition			
	(3) Conduct blood glucose monitoring using glucometer			
	c. Order			
	(1) Diet as per verbal order of physician			
	(2) Calorie level within diet prescription			
	(3) Additional high calorie/protein supplements/snacks			
	(4) Weight/height			
	(5) Calorie counts			
	(6) Laboratory studies to evaluate response to nutritional therapy:			
	(a) Albumin			
	(b) Prealbumin			
	(c) Blood glucose			
	(d) HgA1c			
	(e) Lipid Profile			
	(f) Triglycerides			
	(g) 24-hour Urine Urea Nitrogen			
	(h) Thyroid Function Test			
	(7) Blood glucose monitoring using glucometer			
	(8) Vitamin/mineral supplements			
	(9) Referrals to other HCPs			
	(10) P&T committee approved pharmaceuticals			

CODE	PRIVILEGE CATEGORY <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	d. Medical Nutrition Therapy			
	(1) General diets for the life cycle			
	(2) Modified consistency diets			
	(3) Neonatal nutrition			
	(4) Pediatric diets			
	(5) Geriatric diets			
	(6) Cardiovascular diets			
	(7) Gastrointestinal diets			
	(8) Renal diets			
	(9) Hepatic diets			
	(10) Calorie-controlled diets			
	(11) Diabetic diets			
	(12) Psychiatric diets			
	(13) Test diets			
	(14) Nutrition support			
	Category II clinical privileges			
	a. Order (with physician co-signature)			
	(1) Tube feedings IAW local policy			
	(2) Parenteral formulas IAW local policy			
	(3) Transitional feedings			
	b. Teach patients blood glucose monitoring			
	c. Conduct indirect calorimetry			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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